

| Name Social Security Number * Telephone number () Mailing address (number and street, city, state, and ZIP code) Residence address (number and street, city, state, and ZIP code) Residence address (number and street, city, state, and ZIP code) Residence address (number and street, city, state, and ZIP code) Residence address (number and street, city, state, and ZIP code) Residence address (number and street, city, state, and ZIP code) Residence address (number and street, city, state, and ZIP code) Residence address (number and street, city, state, and ZIP code) Residence address (number and street, city, state, and ZIP code) Residence address (number and street, city, state, and ZIP code) Residence address (number and street, city, state, and ZIP code) Residence address (number and street, city, state, and ZIP code) Residence address (number and street, city, state, and ZIP code) Residence address (number and street, city, state, and ZIP code) Residence address (number and street, city, state, and ZIP code) Residence address (number and street, city, state, and ZIP code) Residence address (number and street, city, state, and ZIP code) Residence address (number and street, city, state, and ZIP code) Residence address (number | | SECTION A: | FOR CUSTODIAL | . PERS | ON AND N | NON-CUSTODIAL PAI | RENT | | |
|--|-----------------------------------|---------------------------------|--------------------|--------|---------------|--------------------------|------------------|-----------------------------------|--|
| Image: set of the set of | Date (month, day, year) | Case number | | | | | | | |
| Image: set of the set of | Name | | | Socia | l Security Ni | umber * | Telephone number | | |
| Residence address (number and street, city, state, and ZIP code) County Number of dependents in this case LIST BELOW PERSONS LIVING WITH YOU FOR WHOM YOU ARE LEGALLY RESPONSIBLE. NAME DATE OF BIRTH (month, day, year) RELATIONSHIP RELATIONSHIP RELATIONSHIP NAME RELATIONSHIP | | | | Coold | | | | | |
| County Number of dependents in this case | Mailing address (number and stre | eet, city, state, and ZIP code |) | | | | 1 | | |
| County Number of dependents in this case | | | | | | | | | |
| County Number of dependents in this case | | | | | | | | | |
| Number of dependents in this case LIST BELOW PERSONS LIVING WITH YOU FOR WHOM YOU ARE LEGALLY RESPONSIBLE. NAME DATE OF BIRTH (month, day, year) RELATIONSHIP NAME DATE OF BIRTH (month, day, year) RELATIONSHIP OTHER PERSONS PRESENTLY SUPPORTED BY YOU UNDER A COURT OR ADMINISTRATIVE ORDER: NAME ADDRESS RELATIONSHIP DOB ANT. OF SUPPORT PAYMENT FREQ. TYPE OF OBLIGOR Spousal support if received. Date of order (month, day, year) and name of court. Amount: Per:To / From: CURRENT EMPLOYER Current gross monthly income Type Payment Telephone number | Residence address (number and | street, city, state, and ZIP co | ode) | | | | | | |
| Number of dependents in this case LIST BELOW PERSONS LIVING WITH YOU FOR WHOM YOU ARE LEGALLY RESPONSIBLE. NAME DATE OF BIRTH (month, day, year) RELATIONSHIP NAME DATE OF BIRTH (month, day, year) RELATIONSHIP OTHER PERSONS PRESENTLY SUPPORTED BY YOU UNDER A COURT OR ADMINISTRATIVE ORDER: NAME ADDRESS RELATIONSHIP DOB ANT. OF SUPPORT PAYMENT FREQ. TYPE OF OBLIGOR Spousal support if received. Date of order (month, day, year) and name of court. Amount: Per:To / From: CURRENT EMPLOYER Current gross monthly income Type Payment Telephone number | | | | | | | County | | |
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| In the problem of the p | | LIST BELOW PERSON | NS LIVING WITH Y | OU FO | R WHOM | YOU ARE <u>LEGALLY</u> F | RESPONSIBLE. | | |
| NAME ADDRESS RELATIONSHIP DOB AMT. OF SUPPORT PAYMENT FREQ. TYPE OF OBLIGOR Image: Second State of Support if received. Date of order (month, day, year) and name of court. Image: Second State of State of State of State of State (month / day / year) Image: Second State of State of State (month / day / year) Image: State of State of State of State (month / day / year) Current gross monthly income Type Frequency Occupation Total income over last twelve (12) month: Second State of State of State (month / day / year) Telephone number Start date (month / day / year) Image: Start date (month / day / year) | | NAME | | DAT | E OF BIR | TH (month, day, year) | RELATIONSHIP | | |
| NAME ADDRESS RELATIONSHIP DOB AMT. OF SUPPORT PAYMENT FREQ. TYPE OF OBLIGOR Image: Second State of Support if received. Date of order (month, day, year) and name of court. Image: Second State of State of State of State of State (month / day / year) Image: Second State of State of State (month / day / year) Image: State of State of State of State (month / day / year) Current gross monthly income Type Frequency Occupation Total income over last twelve (12) month: Second State of State of State (month / day / year) Telephone number Start date (month / day / year) Image: Start date (month / day / year) | | | | | | | | | |
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| NAME ADDRESS RELATIONSHIP DOB AMT. OF SUPPORT PAYMENT FREQ. TYPE OF OBLIGOR Image: Second State of Support if received. Date of order (month, day, year) and name of court. Image: Second State of State of State of State of State (month / day / year) Image: Second State of State of State (month / day / year) Image: State of State of State of State (month / day / year) Current gross monthly income Type Frequency Occupation Total income over last twelve (12) month: Second State of State of State (month / day / year) Telephone number Start date (month / day / year) Image: Start date (month / day / year) | | | | | | | | | |
| NAME ADDRESS RELATIONSHIP DOB AMT. OF SUPPORT PAYMENT FREQ. TYPE OF OBLIGOR Image: Second State of Support if received. Date of order (month, day, year) and name of court. Image: Second State of State of State of State of State (month / day / year) Image: Second State of State of State (month / day / year) Image: State of State of State of State (month / day / year) Current gross monthly income Type Frequency Occupation Total income over last twelve (12) month: Second State of State of State (month / day / year) Telephone number Start date (month / day / year) Image: Start date (month / day / year) | | | | | | | | | |
| NAME ADDRESS RELATIONSHIP DOB AMT. OF SUPPORT PAYMENT FREQ. TYPE OF OBLIGOR Image: Second State of Support if received. Date of order (month, day, year) and name of court. Image: Second State of State of State of State of State (month / day / year) Image: Second State of State of State (month / day / year) Image: State of State of State of State (month / day / year) Current gross monthly income Type Frequency Occupation Total income over last twelve (12) month: Second State of State of State (month / day / year) Telephone number Start date (month / day / year) Image: Start date (month / day / year) | | | | | | | | | |
| NAME ADDRESS RELATIONSHIP DOB AMT. OF SUPPORT PAYMENT FREQ. TYPE OF OBLIGOR Image: Second State of Support if received. Date of order (month, day, year) and name of court. Image: Second State of State of State of State of State (month / day / year) Image: Second State of State of State (month / day / year) Image: State of State of State of State (month / day / year) Current gross monthly income Type Frequency Occupation Total income over last twelve (12) month: Second State of State of State (month / day / year) Telephone number Start date (month / day / year) Image: Start date (month / day / year) | | | | | | | | | |
| Spousal support if received. Date of order (month, day, year) and name of court. Amount:: Per:To / From: CURRENT EMPLOYER Current gross monthly income Type Frequency \$ Employer / income Type Telephone number Start date (month / day / year) | OTHER PERSONS PRESEN | ITLY SUPPORTED BY) | OU UNDER A CO | | R ADMINI | STRATIVE ORDER: | | | |
| Amount:: To / From: To / From: Per: To / From: Occupation Total income over last twelve (12) months Current gross monthly income Type Frequency Occupation Total income over last twelve (12) months \$ per Occupation Total income over last twelve (12) months \$ Start date (month / day / year) Employer / income Telephone number Start date (month / day / year) Start date (month / day / year) | NAME | ADDRESS | RELATIONS | HIP | DOB | AMT. OF SUPPORT | PAYMENT FREQ. | TYPE OF OBLIGOR. | |
| Amount:: To / From: To / From: Per: To / From: Occupation Total income over last twelve (12) months Current gross monthly income Type Frequency Occupation Total income over last twelve (12) months \$ per Occupation Total income over last twelve (12) months \$ Start date (month / day / year) Employer / income Telephone number Start date (month / day / year) Start date (month / day / year) | | | | | | | | | |
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| Amount:: To / From: To / From: Per: To / From: Occupation Total income over last twelve (12) months Current gross monthly income Type Frequency Occupation Total income over last twelve (12) months \$ per Occupation Total income over last twelve (12) months \$ Start date (month / day / year) Employer / income Telephone number Start date (month / day / year) Start date (month / day / year) | | | | | | | | | |
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| Per: To / From: CURRENT EMPLOYER Current gross monthly income Type Frequency Occupation Total income over last twelve (12) monthly \$ per Occupation Total income over last twelve (12) monthly \$ per Occupation Total income over last twelve (12) monthly \$ per Occupation Start date (month / day / year) | Spousal support if received. Date | of order (month, day, year) | and name of court. | | | | | | |
| CURRENT EMPLOYER Current gross monthly income Type Frequency Occupation Total income over last twelve (12) months \$ | Amount:: | | | | | | | | |
| Current gross monthly income Type Frequency Occupation Total income over last twelve (12) months \$ | Per: | | | | | | | | |
| \$ per \$ Employer / income Telephone number \$tart date (month / day / year) () \$tart date (month / day / year) | | | | RENTE | MPLOYER | R | | | |
| Employer / income Telephone number () Start date (month / day / year) | | Туре | | | | Occupation | | ver last twelve (12) months | |
| | | | | | | | | | |
| Address of employer (number and street, city, state, and ZIP code) | Employer / Income | | | () | | | Start date (mor | Giait date (monun day / year) | |
| | Address of employer (number and | d street, city, state, and ZIP | code) | | | | 1 | | |
| | | | | | | | | | |
| | | | | | | | | • • • • • • • • • • • • • • • • • | |

| SECTION A: FOR CUSTODIAL PERSON AND NON-CUSTODIAL PARENT (continued) | | | | | | | | |
|--|--|----------------------|-----------------|---------------|--------------------------|----------------|--------------------------------|--|
| OTHER - EMPLOYER / INCOME (for second job, etc.) | | | | | | | | |
| Gross monthly income | | Туре | Frequency Occup | | Occupation | | e over last twelve (12) months | |
| \$ | | | \$ | per | | \$ | | |
| Employer / income | | | | Telephone n | umber | Start date (n | nonth / day / year) | |
| Address of employer (number | Address of employer (number and street, city, state, and ZIP code) | | | | | | | |
| | | | , | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of employer | | | PREVI | OUS EMPLOYER | R Average weekly sala | 227 | | |
| Name of employer | | \$ | | | | | | |
| Address of employer (number | and street, city | , state, and ZIP cod | de) | | * | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| INCOME: List all other sou | | anthly basis | AMOUNT RI | ECEIVED PER M | ONTH | | | |
| | inces on a mo | | | | | | | |
| Disability: | | \$ | | | | | | |
| Unemployment: | | \$ | | | | | | |
| Retirement: | | \$ | | | | | | |
| Social Security: | | \$ | | | | | | |
| VA Benefits: | | \$ | | | | | | |
| Trust Fund or Annuity: | | \$ | | | | | | |
| TANF: | | \$ | | | | | | |
| | | \$ | | | | | | |
| Workman's Compensation | | | | | | | | |
| Other: | | \$ | | | | | | |
| TOTAL INCOME: | \$ | | | | | | | |
| List extraordinary expension | | | | | | I | | |
| CREDITOR | NAME | OF CHILD | ITEM | EXPENSE DAT | E (month, day, year) | MONTHLY PAYMEN | IT UNPAID BALANCE | |
| | | | | | | \$ | \$ | |
| | | | | | | \$ | \$ | |
| | | | | | | \$ | \$ | |
| | | | | | | \$ | \$ | |
| Child Care Information: | | | 1 | 1 | | | | |
| PROVIDER | | NAME OF CHILD | | | AMOUNT PAID | | FREQUENCY | |
| | | | | | \$ | | | |
| | | | | | \$ | | | |
| | | | | | \$ | | | |
| | | | | | \$ | | | |

| | TION A: FOR CUSTO | DIAL PERSON A | ND NON-CUST | ODIAL PARENT (| continued) | | |
|--|-----------------------------------|----------------------|--------------------|---------------------|---------------|-----------|--|
| Health Insurance: | | | | | | | |
| 1. Is health insurance available at your place of employment? Yes No | | | | | | | |
| 2. Do you have a health insurance policy? | If yes, state the beg | inning date for depe | endent coverage. (| (month, day, year) | | | |
| Policy number | | | Type of coverage | e | | | |
| Name of insurance company | | | I | | | | |
| Name(s) of person(s) covered | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 3. Is health insurance available through other | groups or organization of | or your union? | | If yes, what group? | | | |
| Yes No | SECTION | | | | | | |
| PROPERTY AND RESOURCES: | SECTION | B: FOR NON-C | USTODIAL PAR | RENTONLY | | | |
| 1. Do you own in whole or part of the fo | llowing? (Please indic | cate how much, if | partially owned. |) | | | |
| Real Estate: | | | | | | | |
| (Land or Building) | ☐ Yes | | Fair Market Price | | | Location: | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | | | | | |
| Amount owed on property: | Mortgages: | ls pr | operty | | | | |
| \$ | | incor | me | Amount of | profit per ye | ear: | |
| \$ | | prod | ucing? | | | | |
| \$ | | | Yes No | | \$ | | |
| | | | | | | | |
| Amount owed on property: | Mortgages: | ls pro | operty | | | | |
| \$ | income Amount of profit per year: | | | ear: | | | |
| \$ | | prod | ucing? | | | | |
| \$ | | П ү | ′es 🗌 No | \$ | | | |
| 2. Motor vehicles, campers, boats and farm equipment: | | | | | | | |
| YEAR, MAKE, AND MO | LICENSE N | NUMBER | AMOUNT C | WED | LIEN HOLDER | | |
| | | | | | | | |
| | | | | | | | |
| 3. Other assets? (<i>explain</i>) | | | | | | | |
| 4. To whom do you pay utilities? | | | | | | | |
| ELECTRIC | GAS | 8 | TELE | PHONE | | SEWER | |
| | | | | | | | |

| SECTION B: FOR NON-CUSTODIAL PARENT ONLY (continued) | | | | | | | |
|---|---|----------------|----------------------------------|--|--|--|--|
| PROPERTY AND RESOURCES (continued): | | | | | | | |
| 5. Bank accounts? (<i>explain</i>) | | | | | | | |
| Yes No | | | | | | | |
| NAME AND LOCATION OF BANK OR CREDIT UNION | TYPE OF ACCOUNT | ACCOUNT NUMBER | BALANCE | | | | |
| | Savings | | \$ | | | | |
| | Checking | | \$ | | | | |
| | Savings | | \$ | | | | |
| | Checking | | \$ | | | | |
| 6. Stocks or bonds | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7. Other insurance policies (List company and policy number.) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| SECTION C: FOR CUSTODIAL I | PARENT AND NON-CUSTOD | | | | | | |
| | IFICATE (SWORN OATH) | | | | | | |
| | | | | | | | |
| | | | | | | | |
| STATE OF | | | | | | | |
| | SS: | | | | | | |
| | | | | | | | |
| I affirm under the pains and penalties of perjury, that the above and foregoing representations are true and correct to the best of my ability. I | | | | | | | |
| further agree to notify the Child Support Enforcement Office immediately of any changes in my income or expenses. | | | | | | | |
| tartifier agree to notify the onlid Support Enforcement Onice infinediately of any changes in my income of expenses. | | | | | | | |
| Signature of custodial parent | Date subscribed and sworn to Notary Public (month, day, year) | | | | | | |
| Printed or typed name of custodial parent | Signature of Notary Public | | | | | | |
| | | | | | | | |
| Signature of non-custodial parent | Printed or typed name of Notary Public | | | | | | |
| Printed or typed name of custodial parent | County of residence | Date commis | ssion expires (month, day, year) | | | | |